

PRIVATE & CONFIDENTIAL INFORMATION

Client information

Please read carefully and only sign if in full agreement with its contents

Treatment:	Sports Massage or any massage treatment
Briefly describe your medical condition:	

I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or Consultant

or

I confirm that I have understood the treatment and given my medical history I would prefer to consult my GP or Consultant prior to receiving the treatment

Please outline your GP/ Consultant's advice regarding treatment:

You should note that if the student therapist is unable to explain to you the contra indications or is unsure of anything that may apply to a specific condition then they should not treat you without asking you to consult with your GP or Consultant.

It is your responsibility and not that of the student therapist to consult your GP or Consultant.

I hereby indemnify the student therapist against any adverse reaction sustained as a result of the treatment.

Client signature:		Date:	
Student/Therapist signature:		Date:	